



# Request for a School Crossing Supervisor

Complete form and send to contact details at the bottom of this form

## 1 Applicant's Details

(to be completed by School Principal)

Title

Surname

Given names

Signature

Date

## 2 School Details

School name

Street number

Street name

Town / suburb

Postcode

Postal address (if different from location address)

Phone number

Fax number

Email address

Please return this form to:

School Crossing Supervisor Program

P.O. Box 3035 Parramatta NSW 2124

[www.rms.nsw.gov.au](http://www.rms.nsw.gov.au) | 1800 427 677 | F 02 8848 8400 | E [scssydney@rms.nsw.gov.au](mailto:scssydney@rms.nsw.gov.au)

## School Details continued

School type (please select)

Infants (K - 2)

Primary (K - 6)

Combined (K - 12)

Number of students enrolled

School hours

School bell times AM

School bell times PM

## 3 Site Details

(this is for the details of the street which you would like Roads and Maritime Services to assess in relation to providing a School Crossing Supervisor)

Street address

State

Postcode

Is it a 40km School Zone (please select)

Yes

No

What type of crossing (please select)

Combined

Children's

Pedestrian

## 4 Reason for SCS

## 5 Additional information